

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/528307

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5		3				
6		3				
7		3				
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	1					
19						
20		1				
21		2				
22	1					
23						
24						
25						
26			1			
27				1		
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37						
38						
39						
40						
41			1			
42				1		
43						
44			1			
45						
46				1		
47						
48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						